REQUEST,								IUN	UF I	_								
			D DOCUMENT NUMBER ier/FY, Doc./type code/Serial number)			l numbe	number)		QUEST S	TATUS OF	PROCE	SS CODE	(X one)	D. AME	NDMENT N	10.		
,5,9,000						,		(1) Initial	) Initial		(2) Resubmission							
									(3) Correction (4) Cancellation				n					
SECTION A - TRAINEE / APPLICANT INFORMATION																		
1. NAME (Last, First, Middle Initial) 2. 1st 5 LETTERS OF						OF LAST	NAME	3. S	OCIAL SECURITY NUMBER			4. [	D. LEVEL			S FEDERAL		
								1	a. Years b. Months					ns				
6. HOME ADDRESS (Street, City, State and ZIP Code) (optional)					7. TELEPHONE NUMBERS (Include area code)				8. PO	SITION TI	TLE						•	
					a. Hom	Home												
					b. Office					9. POSITION LEVEL (X one) 10. PAY PLAN/SERIES/GRADE/STEP								
11. ORGANIZATION	NAME				(1) Commercial				(Rank/MOS/AFSC/or Navy Designator)							r)		
					(2) DSN					$\vdash$	b. Mana		-					
12. ORGANIZATION MAILING ADDRESS (Include ZIP Code)											c. Super		14.	TYPE OF	15. N	O. PRIO	R NON-GOV	JERN-
					13. ORGANIZATION UIC 16. ARE YOU HANDICAPPED			<u> </u>	Yes	+-1				POINTMEN	т м	ENT TR	AINING DA	YS
					OR DISABLED? (X one)			·  -	No	$\vdash$	d. Non-Supervisory  e. Other (Specify)							
								UNIC (				<i>Т</i> Зреслу)						
SECTION B - TRAINING COURSE DATA																		
17. COURSE TITLE	CTIVES /			- +t - C						140 5		NDED TO						
18. TRAINING OBJECTIVES (Benefits to be derived by the Government)										19. RECOMMENDED TRAINING SOURCE, SCHOOL OR FACILITY								
										a. Name								
										b. Mailing address (Include ZIP Code)								
20 COURSE CODES										c. L	ocation of	training si	te (If ot	her than 19	)b)			
a. Purpose		f. Security C	learance		k. Tra	ining Progra	m			1								
b. Type		g. Allocation	Status		I. Rea	son for Sele	ection			21. C	1. COURSE HOURS (4 digits		igits)	22. COU	RSE IDEN	ITIFIERS		
c. Source		h. Priority			23. TRAINING PERIOD (YYY			YMMD	וס	a. Du	ıty		-	a. SAID		<del></del> 1		
d. Special Interest				a. Start					b. Non-duty b. Catalog/C			a/Course	No.					
e. Training Vendor j. Method of Training			b. Complete				c. TOTAL c. Offering/TLN											
	5	SECTION C		TINFORM		•	s incurre	d and	l hilled			rood am	ount		<u> </u>			
24. IF TRAINING DO																is hox		r
24. IF TRAINING DOES NOT INVOLVE EXPEDITURE OF FUNDS OTHER THAN SALARY, PAY OR 25. DIRECT COSTS 26. INDIRECT COSTS (For information only)							·			ASSIFICA				ulo X ul			Щ_	
					27. Account					AOOII IOA	11011							
a. Travel cost  b. Books, material other costs  b. Bordiam (ather)																		
b. Books, material, other costs b. Per diem/other																		
c. Total direct costs c. Total indirect co								20 (	NON A TILI	RE OF FISCAL OFFICER (Follow local procedure)				. 13	30. TOTAL OF DIRECT &			
d. Funding source			28. L	ABOR COST	s			29. 8	SIGNATUR	E OF FI	ISCAL OF	ICER (Foll	ow loca	l procedure	9 3	INDIF	ECT COST	'S
31. JOB ORDER NO	•							<u> </u>										
32 SUPERVISOR: 1	certify train	ning is job rela	ted and n	SECTIO	ND-	APPROV	AL / CO	_										
32. SUPERVISOR: I certify training is job related and nominee meets prerequisites.  (If not, attach waiver.)													ets regulato	ry require	ments.			
a. Typed Name (Last, First, Middle Initial) b. Phone n				b. Phone nu	ımber (Include area code)			a. T	yped Nan	b. Pl				b. Ph	hone number (Include area code)			
									****									
c. Signature & Title					d. Date (YYYYMMDD)			c. S	ignature 8	Title							d. Date	MMDDI
							,										''''	
34. AUTHORIZING (	OFFICIAL							35 (	COLIRSE A	CCEPT	ANCE /Te	ho compl	otad by	anhani offi	nia II			
a. Action (X one) (1) Approved					(2) Disapproved			00.		cceptance (To be completed c. School Official Sig							d. Date	
b. Typed Name (La	st. First. Mi		7,551313	c. Phone nu	mher //n				a. Accep			ooi oiiicia	i Signati	u1 <del>0</del>			TYYYY	MMDD)
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	data minan		C. THOMB HG	111001 1111	cidde area (	code)	20 (	b. Not A									
d. Signature & Title						e. Date								chool offic	ial) ctual Com	nlation		
a. Dignature a ritte	•						YMMDD)	le	ave this s	ection b	olank, and	X this bo: return this			ate (YYY		, c. Grad	le
											nation me	mo.						
37. BILLING INSTRUCTIONS (Identify discount terms % days.)						1 a. s	ignature 8	elTii k							e. Date (YYYYM	MMDD)		
Furnish original invoice and 3 copies to:															Ì			
								38. (	ERTIFYIN	G GOV	ERNMENT	OFFICIAL		···				
											orrect and	ı	\$					
									paymen	t in the an	nount of:		~				****	
							b. S	ignature						c. Date Si				
												'			,			
						d. C	SSN Num	ber	θ.	Check Nu	mber		f.	Vouch	er Number			
TRAINING FACILITY:	Invoice sh	ould be sent t	o office in	dicated in ite	m 37	Please refer	to standar	d docur	nont num		n in itean F	2						

SECTION	ON E - TERMINATION AN	ND EVALUATION	DATA (To be	completed by	trainee)					
39. WAS COURSE COMPLETED (X one)	40. ACTUAL COURSE DATES	S (YYYYMMDD)	41. AC							
a. Yes (If not, return form with a	a. Commenced	b. Completed	a. Duty	1	b. Non-duty	sco	ORE			
b. No memo explaining circumstances)										
43. WERE ALL SESSIONS ATTENDED? (X one)										
a. Yes										
b. No (Explain reason)										
44. WHAT WERE YOUR OBJECTIVES IN TAKING T	HIS COURSE? WERE THEY ME	T?								
}										
AREAS OF EVALUATION  X appropriate column to indicate your evaluation of items 45 through 56. Do not attempt to split a rating.										
45. STATED OBJECTIVE ACCOMPLISHED	C - No		^	В	С					
46. COVERAGE OF SUBJECT MATTER	A - Yes A - Excellent	B - Pari		C - Poor			ļ			
47. ORGANIZATION OF SUBJECT MATTER	A - Well organized	B - Ade	quate	C - Poorly o	rganized		+	<b>†</b>		
48. SUITABILITY OF INSTRUCTIONAL MATERIALS	A - Excellent	B - Ade	oquate	C - Poor			1	<b></b>		
49. LEVEL OF DIFFICULTY	A - Too advanced	B - App	propriate	C - Too elementary			1	<u> </u>		
50. LENGTH OF COURSE	A - Too long	B - App	propriate	C - Too short						
51. AMOUNT OF OUTSIDE OR EVENING WORK	A - Too much	B - App	propriate	C - Insufficient						
52. EFFECTIVENESS OF INSTRUCTORS	A - Excellent	B - Goo	od	C - Poor						
53. APPLICABILITY OF SUBJECT MATTER TO JOI	B A - Significant	B - Ade	quate	C - Insignifi						
54. FACILITIES	A - Excellent	B - Goo	od .	C - Poor						
55. RECOMMENDATION TO COLLEAGUES	A - Highly recommend	d B-Red	ommend	C - Not recommended						
56. MEET CAREER DEVELOPMENT PLANS  57. COMMENTS ON COURSE STRENGTHS/WEAK!	A - Yes	B - No		C - Not appl	icable					
SECTION F	- SUPERVISORY COMMI	ENTS (To be com	ppleted by train	ee's immedia	te supervisorl	· · · · · · · · · · · · · · · · · · ·				
58. HAVE YOU DISCUSSED THIS COURSE AND IT				ce 3 mmedia	a. Yes		b. No	-		
59. WHAT ARE YOUR OBJECTIVES IN HAVING EMPLOYEES ATTEND COURSE? (Complete at time of nomination)										
		complete at time of no	Timacion,							
60. WERE THE OBJECTIVES OF THE TRAINING AC	HIEVED?									
24 ADDITIONAL CONTROL										
61. ADDITIONAL COMMENTS										
62. SUPERVISOR		63. TR	AINEE							
a. Signature	b. Date	a. Sig	a. Signature			b. Dat	te			
	(YYYY	(MMDD)					(YYYYMMDD)			
	PRI	VACY ACT STAT	EMENT							
AUTHORITY: 5 U.S.C. Sections 4101			LIVILIAI							
PRINCIPAL PURPOSE(S): To request t agreements for continuation in service employees as a result of receiving train	following training, certif	military personne ficates of training	el and to docum I, and any reiml	nent the auth bursement ob	orization for ex oligations contr	penses of s acted by pe	uch trai Issonnel	ining; I or		
ROUTINE USE(S): Civilian training info	_	Office of Personne	el Management	(OPM) for da	ata reporting pu	ırposes stip	ulated i	n		

DISCLOSURE: Voluntary; however, failure to furnish the requested information may result in your ineligibility for participating in this training.